The Health Path Project:
Examining Adversity in a Climate Destabilized World

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An endeavor to build a robust tool to examine the adversities we confront in our homes & communities, to discover linkages between those adversities, and understand their consequences for our health and wellbeing. Aiming to develop knowledge, but equally community, through listening to what heals and sharing what we learn.

Background to the Health Path Project

The Health Path Project launched in the Fall of 2021 to address some limitations of the Adverse Childhood Experiences (ACE) survey, (Felitti, 1998). The ACE, used extensively across health research, focuses on childhood experiences of trauma within the home. Across contexts, it robustly demonstrates that home-based childhood adversity is a risk factor for several adult health issues, including increased suicidality and shortened life expectancy.

The Health Path Project is an adult survey which allows us to better understand a breadth of adversities, from childhood into adulthood, which in turn allow for the examination of how adversities maybe linked and intersecting. General focus areas are:

1) Community experiences of adversity (nearness to toxic waste, poor tap water quality, housing issues, natural disaster experience, various kinds of crime victimization, feelings about whether one can safely turn to law enforcement, and ability to get medical care, etc.)

2) Adversity experienced in the home environment (sexual abuse, domestic violence, being neglected, extensive care-taking of sick family members, early death of loved ones, being in pain, living with medical condition which diminishes the capacity for routine activities, etc.)
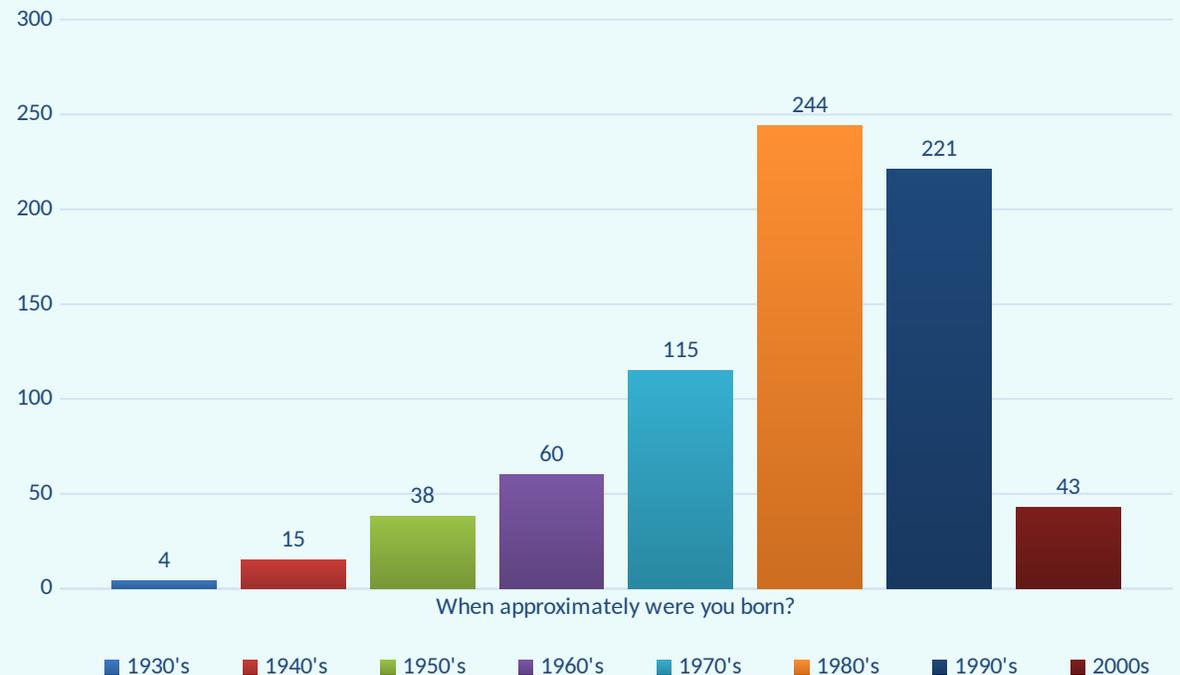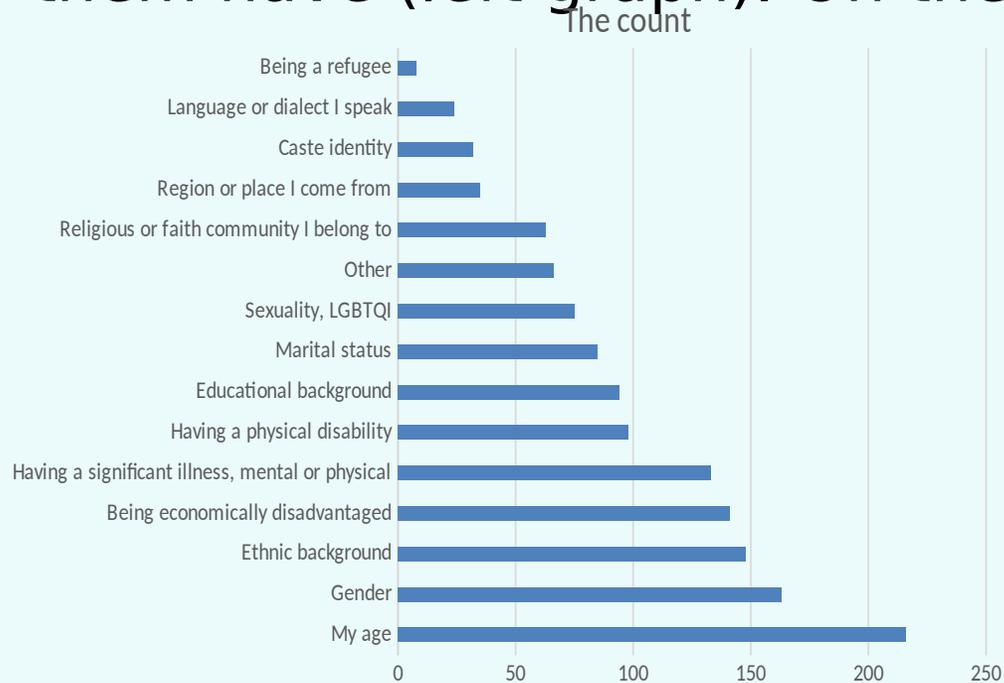
Hypotheses, Methods & Initial US Rollout

❖ **1.** For this study, our hypothesis was that those who experienced a natural disaster in childhood would be more likely to endorse having a medical condition as an adult, significant enough that it which would interfere with doing normal routine kinds of activities.

❖ **2.** We also hypothesized that those with ongoing environmental concerns in their community, such as living near toxic waste sites, concerns about tap water quality, extended days of poor air quality, would endorse struggling with their mental health more than those who didn't have those concerns.

These 2 were selected because natural disasters often create or exacerbate on-going environmental concerns which can last years beyond the disaster.

Initial rollout was done in November of 2021 through Qualtrics, focusing only on the US to allow us to learn from our data before we expand. This allowed for sampling from across different states, and to include a diversity of ages and genders of participants. As these questions were about adversity and trauma, they were optional, so that those which caused most

Our first 740 participants

To protect the anonymity of participants now & in other countries in the future, we didn't ask questions where information could be triangulated to be potentially identifying. The use of sensitive data for abuse is large, and categories in one country may lack meaning in another country, so participants were asked to identify aspects of their identity they felt kept them from having the freedoms and respect which others around them have (left graph). On the right are participants' ages by decade.

The count

Category	
Being a refugee	
Language or dialect I speak	
Caste identity	
Region or place I come from	
Religious or faith community I belong to	
Other	
Sexuality, LGBTQI	
Marital status	
Educational background	
Having a physical disability	
Having a significant illness, mental or physical	
Being economically disadvantaged	
Ethnic background	
Gender	
My age	

0   50   100   150   200   250

When approximately were you born?

Decade	Count
1930's	4
1940's	15
1950's	38
1960's	60
1970's	115
1980's	244
1990's	221
2000s	43

Answering our hypotheses

Two Chi Square analyses were done to answer our hypotheses. Both were statistically significant at the p<.00001 level.

❖It's the case that experiencing a severe natural disaster in childhood is related to having a medical diagnoses which is significant enough to impair normal daily functioning, (N=737) Cramér's V Effect Size = .289. These are dependent variables.

❖It's also the case that having on-going environmental concerns such as living near toxic waste, worry about tap water quality & extended days of poor air was related to having endorsed mental health struggles severe enough that it's difficult to attend school, work, or care for loved ones in the ways the person wanted to, (N=739) Cramér's V Effect Size =.301 (strong)

As these are just two analyses from a newly launched project, we await other participants and will do other analyses to see linkages between factors. We will also examine for factors which may together account for this. Climate events are growing more frequent and often more severe, so we take this as a snap-shot in time. In our next slide you'll see the top items both groups put on their health wish-lists for themselves and their community. It's here that we think there's an opportunity to turn data into something which is useable to improve people's lives.

Looking at the most endorsed items on the health wish lists created by participants, for themselves & their community & conclusions we draw

For those who experienced a severe disaster in childhood (n=114), the following were the top items they felt would make their lives healthier and easier: affordable housing (41.2%), affordable quality medical care (40.4%), access to healthier foods nearby (38.6%), affordable medication (30%), living wage (24.6%), and healthcare and mental healthcare closer to home (24.6%).

To make their community healthier: less violence & crime (38.6%), work closer to home (32.5%), better schools for the community's children (32.5%), less corruption (31.6%), greater ability to trust in police (30%), and shelter for the homeless (30%).

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For the group who had on-going environmental concerns in childhood and/or adulthood (n=324) these are the top items they felt would make their life healthier and easier: affordable housing (43.8%), affordable healthy foods close by (34.3%), affordable medical care (34.3%), affordable mental health care (30.6%), these services closer to home (30.2%), and a living wage (27.8%). This is similar to the group above.

To improve the health of their community, their most wished for things are: better schools for the community's kids (35%), less violence and crime (33.6%), employment closer to home (33%), a greater ability to trust the police (31.2%), greater educational and employment possibilities for the community's kids (31%), and less corruption (30.6%).

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In conclusion: We feel the new tool nicely captures a broad range of adversity and trauma history which importantly includes environmental issues. The wish-lists created by participants, though in smaller numbers, endorse wanting trees, community parks, environmental remediation, faster help in recovering from natural disasters, an improvement in air quality and more. Our next endeavor is to begin dialogs with others, so that we can begin to think about ways that these wished for aspects for the self and the community can be used to helped people. We also look forward to learning from those in other countries to enable comparisons that we can learn from.

Thank You!